

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

NOV 23 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SCC 11-23-98



REINSTATEMENT 98

DOCUMENT # P97000054202

1. Corporation Name

AMAZON CARGO SERVICES, INC.

Principal Place of Business

Mailing Address

~~201 S BISCAYNE BLVD 1600 MIAMI CENTER
MIAMI FL 33131~~

~~201 S BISCAYNE BLVD 1600 MIAMI CENTER
MIAMI FL 33131~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
5209 N.W. 74 Avenue

3. New Mailing Office Address, If Applicable
5209 N.W. 74 Avenue

Suite, Apt. #, etc.
#225

Suite, Apt. #, etc.
#225

City & State
Miami, FL

City & State
Miami, FL

Zip 33166 Country USA

Zip 33166 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/19/1997

5. FEI Number

65-0775413

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	GONZALEZ, CARIDAD C	201 S BISCAYNE BLVD 1600 MIAMI C	MIAMI FL 33131
DPTS	Caridad C. Gonzalez	5209 N.W. 74 Ave., #225	Miami, FL 33166

600002698576--6
-12/01/98--01031--005
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION COMPANY OF MIAMI
201 S BISCAYNE BLVD
1600 MIAMI CENTER
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Date 11/19/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

C. C. Gonzalez

Caridad C. Gonzalez

11/19/98

305-592-2620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #